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November 22, 2017

*Guardian Name*  
*Guardian Address*  
*Guardian city, State zip*

Dear *Guardian Name*:

This letter is in reference to *Client First Name Client Last Name*, for whom you are listed as the legal guardian. The New Hampshire Department of Health and Human Services (NH DHHS) would like your help. Someone from Information Specialists Group (ISG), an independent firm, may call you in the next few weeks, asking you if *[1<sup>st</sup> name of client]* may participate in an experience of care survey about the people paid to help *[1<sup>st</sup> name of client]* and the services and supports *[1<sup>st</sup> name of client]* receives at home or in the community. This survey is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Home and Community-Based Services (HCBS) Survey, or HCBS CAHPS Survey for short.

ISG, along with Vital Research, are working on behalf of NH DHHS to conduct this survey. If you give permission for *[1<sup>st</sup> name of client]* to participate, an ISG interviewer will ask the HCBS CAHPS Survey questions over the phone with *[1<sup>st</sup> name of client]*, or at *[1<sup>st</sup> name of client]*'s home, or at another place you or *[1<sup>st</sup> name of client]* choose.

Participation in the HCBS CAHPS Survey will help NH DHHS improve upon their programs. It is important that we hear directly from our clients to ensure that our clients' needs are being met. This feedback is most useful when it reflects the experience of program participants as communicated directly by those individuals. However, because of the nature of physical or cognitive challenges, you may determine that *[1<sup>st</sup> name of client]* is not able to participate on their own. Rather than excluding *[1<sup>st</sup> name of client]* from this survey, we hope you will consider attending the survey with *[1<sup>st</sup> name of client]* or allowing a proxy to participate in the HCBS CAHPS Survey on behalf of *[1<sup>st</sup> name of client]*.

*[1<sup>st</sup> Name of client]* has been chosen at random from a list of all people receiving community-based long-term services and supports, and has not been picked for any other reason. We hope you will agree to allow *[1<sup>st</sup> name of client]* to participate in the HCBS CAHPS Survey.

If you decide *[1<sup>st</sup> name of client]* may participate in the HCBS CAHPS Survey, what *[1<sup>st</sup> name of client]* has to say will be kept private and confidential. Individual answers will not be shared with NH DHHS or any of the people who provide *[1<sup>st</sup> name of client]* services.

It is your choice whether *[1<sup>st</sup> name of client]* participates or not. If you decide not to allow *[1<sup>st</sup> name of client]* to participate, *[1<sup>st</sup> name of client]*'s services will not be affected.

If you have any questions about the study, please call Information Specialists Group (toll-free: 800-439-3185, please ask for extension 156), or visit <https://vitalresearch.com/newhampshire>.

Thank you in advance for your help!

*The Department of Health and Human Services' Mission is to join communities and families  
in providing opportunities for citizens to achieve health and independence.*